

Exit Packet Checklist

Check the boxes next to the items completed and then sign at the bottom of this form. Complete all forms and return this packet to the WCC Secretary. All items must be completed and returned before exiting from the WCC and AmeriCorps.

- ☐ WCC Member Exit Form
- ☐ AmeriCorps Exit Form
- ☐ WCC Release of Information (optional)
- ☐ Corps Member Exit Evaluation

Forms required to be completed online:

- ☐ WCC Exit Questionnaire/Survey (Online only):
<https://spreadsheets.google.com/viewform?formkey=dHlibWVoUHc0eGgwaHB1c1VpeUh2WUE6MQ>
- ☐ My AmeriCorps Exit (Online only): <https://my.americorps.gov>

Member Name: _____

Member Signature: _____

Date: _____

WCC Member Exit Form

Name: _____ Last Day: ____/____/____
Last First

Updated Contact Info (for W-2 and Presidential Service Award, if applicable):

Mailing Address: _____ Unit #: _____ City: _____

State: _____ Zip Code: _____ Phone: (____) _____

Post-WCC Plans:

☐ New Job ☐ Attend School: _____ ☐ Other: _____

Additional Comments:

Type of Termination:

☐ Completed Term: ☐ Quarter Term ☐ Half Term ☐ Full Year

☐ Quit

☐ Dismissed

WCC Member Signature Date

WCC/IP Supervisor and Admin Staff Only

By signing below, you attest that the above information is true and that you have notified the member to exit him or herself from the My AmeriCorps system.

WCC/IP Supervisor Signature Date

Pro-Rate? ☐ Yes ☐ No Comments: _____

HCI#: _____ ☐ Insurance ☐ Payroll ☐ Database ☐ AC/ CN Unlock ☐ AC/CN Exit



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AMERICORPS EXIT FORM

Corporation for
**NATIONAL &
COMMUNITY
SERVICE**

This form will end the term of an AmeriCorps member in the National Trust and report on the eligibility of the member for an education award. It will also provide the Corporation with evaluation exit data.

Directions to Member

1. Use blue or black ink.
2. Print clearly
3. Please complete and sign Part 1.
4. Return the completed form to your **Program Director**. AmeriCorps*VISTA members should return the forms to the **Corporation State Office**.

PART 1

Member: Please Complete and Sign

1. **Name** _____
Last First MI
2. **Social Security Number** _____
3. **Mailing Address** (Where the education award should be sent)

Number and Street

City State Zip Code

Email Address

Home Phone Business Phone Ext

4. Post Service Opportunities:

The Corporation for National and Community Service would like to encourage you to stay involved in service and help you connect with educational, professional, and alumni opportunities. If you are interested in staying connected with the following organizations, please let us know.

- ☐ Yes, I give the Corporation for National and Community Service permission to release my name, address (including e-mail), and telephone number to the following types of organizations:
- Educational institutions that are interested in recruiting former AmeriCorps members or that provide special programs for former members
 - Organizations offering professional development opportunities or staff positions to AmeriCorps members
 - AmeriCorps Alumni organizations
 - Organizations that sponsor service opportunities and want to recruit AmeriCorps members

I am particularly interested in the following issue areas (please mark all that apply):

- ☐ Education ☐ Public Safety ☐ Housing ☐ Environment ☐ Health
☐ Disaster Relief ☐ Homeland Security ☐ Faith and Community Based

☐ No, please do not share my information with other organizations

Certification of Service:

I certify that the time I reported as AmeriCorps service hours did not include any service activities prohibited by law, regulation, or grant provision.

I certify that all of the information provided above is correct.

Member's Signature: _____ **Date:** _____

I understand that a knowing and willful false statement on this form can be punished by one or more of the following: a fine or imprisonment (or both) under Section 1001 of Title 18, USC; exclusion from participation in Federal programs; forfeiture of benefits I may receive as a result of participation in this program; or other actions authorized by the Civil Fraud Remedies Act, 31 USC 3801-3812.

Privacy Act Statement -- In compliance with the Privacy Act of 1974, the following information is provided. The collection of this information is authorized by the provisions of the National and Community Service Act, as amended by the National and Community Service Trust Act of 1993. The primary purpose of the information is to obtain from AmeriCorps program representatives their determination of whether a member successfully completed a term of service and is eligible to receive an education award. The evaluative information will help the Corporation improve its programming and services to members. For individuals who have indicated their desire to receive additional information on alumni organizations or special educational opportunities for alumni, members' names, addresses, and phone numbers will be shared with those organizations for that purpose. Information may also be provided to federal, state, and local agencies for law enforcement purposes. Information will not otherwise be disclosed outside the Corporation without written permission. The Internal Revenue Service has determined that the education award is taxable in the year it is used. Your Social Security Number (SSN) is solicited under the authority of the Internal Revenue Code (28 U.S.C. 6011(b) and 6109), for use as a taxpayer identification number. Failure to disclose the SSN or any other information may result in a denial of your receiving an education award or it may delay the processing of your education award.

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Directions to Certifying Official

1. Use blue or black ink.
2. Print clearly
3. Please complete and sign Part 2.
4. If you are using WBRS or eSPAN (for VISTAs), please provide the form to whomever enters data into that database for your program.

Exit information should be electronically submitted to the Corporation within 30 days of completion of service.

PART 2

Certifying Official: Please Complete and Sign

This section must be signed by an authorized certifying official. The program must designate certifying officials electronically to the Corporation for National and Community Service.

1. **Name of Program or AmeriCorps*NCCC Campus** _____

2. **Operating Site I.D. Number** _____

3. **Hours of Service Performed** _____
(not applicable for VISTA) Hours

4. **Date of Completion of Term of Service** _____
Month Day Year

5. **Type of Enrollment**

(Mark only one.)

☐ Full-time (1700 hours per year or 365 days for VISTA)

☐ Half-time (900 hours in up to 2 years)

☐ Reduced half-time (675 hours)

☐ Quarter time (450 hours)

☐ Minimum time/Summer (300 hours)

6. **Education Award Status:**

Indicate whether or not the Member is eligible for an education award. Please be sure to follow the Corporation's regulations in making this selection. If the Member is going to serve another term under the National Service Trust, a new National Service Enrollment Form must be completed.

☐ Eligible for entire education award (member successfully completed service)

☐ Eligible for partial education award (member did not fully complete service for compelling personal reasons)

☐ Not eligible for education award (member did not fully complete service requirements)

☐ Not eligible for education award (member chose alternative benefit)

☐ Not eligible for education award. Other (Specify): _____

Did the member perform satisfactorily (complete all assignments, tasks, and projects) Yes ☐ No ☐

7. **Certification of Service**

To the best of my knowledge and belief, the time the above-listed member reported as AmeriCorps service hours did not include any service activities prohibited by law, regulation, or grant provision.

I certify that the Hours of Service Performed indicated on this form for this AmeriCorps member are true and accurate.

Signature of Certifying Official: _____ **Date:** _____

Name of Certifying Official (Please Print): _____

I understand that a knowing and willful false statement on this form can be punished by a fine or imprisonment or both under Section 1001 of Title 18, U.S.C.

Public reporting burden -- Estimated time to complete this form, including time for reviewing instructions, gathering, and providing the information needed to complete the form is 3 minutes for the Member section and 4 minutes for the Certifying Official section. Send comments regarding this burden or the content of this form to: Corporation for National and Community Service, National Service Trust, 1201 New York Avenue, NW, Washington, DC 20525. The Corporation informs the potential persons who are to respond to this collection of information that such persons are not required to respond to the collection of information unless it displays a currently valid OMB control number on this page of the form (see 5CFR 1320.5(b)(2)(1)).

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Release of Information

To Whom It May Concern:

As a former employee of the Washington Conservation Corps (WCC), I hereby authorize the release of information concerning my employment with the WCC. You may release requested information, regardless of any agreement that I have made with WCC personnel or the Department of Ecology (DOE) to the contrary.

I hereby release WCC and DOE, including records custodians, from any liability of damage for providing the information given. I also hereby release WCC and DOE from all liability of damage from relaying personnel information to future employers or public information inquiries.

Name: _____
*WCC Member Signature**Date*

A copy of my signature is as valid as the original signature. Any other name(s) under which I may have worked are:

This form is completed on a voluntary basis by terminating WCC Member.

WCC Member Exit Evaluation

Name: _____ Last Day: ____/____/____
Last First

Evaluation Key: 5 – Excellent 4 – Good 3 – Average 2 – Acceptable 1 – Poor

	Rate 5-1	Additional Comments
Attendance:		
Reports to work on time	_____	_____
Attitude:		
Understands and accepts responsibility	_____	_____
Understands the benefits of teamwork	_____	_____
Shows interest and enthusiasm on projects	_____	_____
Able to get along with others	_____	_____
Uses good judgment	_____	_____
Contributes positively to the team	_____	_____
Demonstrates concern for equipment/property	_____	_____
Communication Skills:		
Comprehends instructions	_____	_____
Able to communicate with others	_____	_____
Able to absorb new information	_____	_____
Performance:		
Follows rules and procedures	_____	_____
Takes initiative; seeks opportunities to learn	_____	_____
Seeks/accepts feedback concerning performance	_____	_____
Responds to feedback	_____	_____
Quality/quantity of work	_____	_____
Efficient/effective use of work time	_____	_____
Accurate/ timely work with minimal supervision	_____	_____
Uses tools and equipment effectively	_____	_____
Works in a safe manner	_____	_____
Worked toward goals set at start of term	_____	_____
Overall Rating:	_____	

Member Comments: _____

WCC Member Signature Date

WCC/IP Supervisor Only

Comments: _____

Recommend for 2nd Term: ☐ Yes ☐ N/A

WCC/IP Supervisor Signature Date